

STATE OF ALASKA
ALASKA FALCONRY PERMIT APPLICATION

1. NAME

Last	First	M.I.
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2. MAILING ADDRESS

Street or P.O. Box		
City	State	Zip

3. TELEPHONE NUMBERS

Home	Business or Message
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4. SOCIAL SECURITY NUMBER

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5. ALASKA RESIDENT

<input type="checkbox"/> No
<input type="checkbox"/> Yes Since _____

6. DATE OF BIRTH

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7. LOCATION OF FACILITIES

Street	City
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8. DRIVER'S LICENSE OR I.D. NUMBER

Number	State
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9. RAPTORS IN POSSESSION

Species	Sex	Age	Band Number	Date Acquired	Source

10A. PERMIT CLASS

<input type="checkbox"/> Apprentice
<input type="checkbox"/> General*
<input type="checkbox"/> Master*

10B. APPRENTICE'S SPONSOR

Last Name	First	Telephone
Address		Class

11. FALCONRY EXAM/APPROVAL

<input type="checkbox"/> Exam Passed	Approved By _____	Date _____
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12. CERTIFICATION

I have read and understand the Alaska Falconry Standards. Furthermore, I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge and belief.	
Applicant's Signature _____	Date _____

* An applicant requesting a general or master class permit must submit a photocopy of the most recently held permit/license issued from any state or province. An applicant requesting a class upgrade must submit photocopies of out-of-state falconry permits/licenses AND annual falconry reports, demonstrating compliance with Alaska Falconry Standard No. 6.